

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019397

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 167-2 Primary Registration District No. 5606 Registrar's No. 31

FILED JUN 12 1962

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson township</u>		c. CITY OR TOWN <u>Odessa, R# 1</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 mi. S. of Odessa</u>		d. STREET ADDRESS (If outside, give location) <u>8 mi. S. Odessa</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Edwin</u> Last <u>Thompson</u>		4. DATE OF DEATH Month <u>May</u> Day <u>31</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/6/1906</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	9. AGE (last birthday) <u>55</u>
11a. FATHER'S NAME <u>(unknown) Thompson</u>		11b. MOTHER'S MAIDEN NAME <u>(unknown)</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		14. NAME OF HUSBAND OR WIFE <u>Melissa Thompson</u>	
15. INFORMANT <u>Mrs. Melissa Thompson, Odessa, Mo.</u>		16. ADDRESS <u>Odessa, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Coronary Insufficiency</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>2:00</u> a.m. <u>2:00</u> p.m. Month, Day, Year <u>March 1962</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION <u>Odessa</u> COUNTY <u>Johnson</u> STATE <u>Missouri</u>			
21. I attended the deceased from <u>March 1962</u> to <u>MAY 1962</u> and last saw him alive on <u>5-26-62</u> Death occurred at <u>2:00</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wayne Boydston MD</u>		22b. ADDRESS <u>107 So 2nd St. Odessa, Mo.</u>	
22c. DATE SIGNED <u>6-1-62</u>		23a. BURIAL, CREATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>6/3/1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Woods Chapel Cem.</u>	
23d. LOCATION (City, town, or county) <u>Odessa Johnson Missouri</u>		24. FUNERAL DIRECTOR <u>Ralph O. Jones, Odessa, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>6-1-62</u>		26. REGISTRAR'S SIGNATURE <u>Bernice Ross</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

10510

20510

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JUN 21 1962
SEP 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph D. Jones

Licensed Embalmer No. 4604

P.O. Address Odessa, mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.